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MONITORING *NEWS*

Welcome to *Drug Medi-Cal (DMC) Monitoring News* designed to update Counties and Providers about DMC documentation, billing and treatment issues. We hope you find it useful and look forward to hearing your comments about how we can serve you better with this information resource. Email comments and questions to DMCanswers@adp.state.ca.us.

ADP'S DMC MONITORING GOES ALL-ELECTRONIC

The Drug Medi-Cal (DMC) Monitoring Section of the Department of Alcohol and Drug Programs (ADP) has become the first ADP unit to go electronic in its all of its record keeping, reporting and correspondence

The CAP must:

- (1) Address each demand for recovery of payment and/or programmatic deficiency;
- (2) Provide a specific description of how the deficiency will be corrected; and

- (3) Specify the date of implementation of the corrective action.
- ADP staff reviews the CAP based on how well the deficiencies identified in the PSPP review are addressed in the plan. The provider is notified in writing if the CAP is accepted or if additional information is necessary.

If you have any questions about how to submit a CAP, you can contact us at: DMCanswers@adp.state.ca.us.

Reference:
California Code of Regulations (CCR), Title 22, Section 51341.1(n)(o)(1)(2)(3) and the Drug Treatment Standards, October 1981, pg.11

Date Stamps, Electronic Signatures

If you have a DMC question that can't be answered by consulting Title 22 regulations, which should always be your first line of

inquiry, you can email your question to the DMC Monitoring Unit at: DMCanswers@adp.state.ca.us

Future issues of this newsletter will publish responses.

FAIR HEARING RIGHTS CONTACT CHANGE

THE MOST COMMON DMC PAYMENT RECOVERY DEFICIENCIES (ODF/DCH/residential) :

1. Admission physical or waiver
2. Treatment plan(s)
3. Individual counseling sessions
4. Group sign-in sheets
5. Progress notes

Drug Medi-Cal (DMC) clients are covered by the Medi-Cal program and because they are Medi-Cal beneficiaries, they have a right to a fair hearing if there is a denial, involuntary discharge, or reduction in their Drug Medi-Cal substance abuse treatment services and they disagree with the action. Providers are mandated to inform all beneficiaries of their right to a fair hearing. The notification of this right must be mailed or handed to the beneficiary in writing 10 days prior to the intended action and the notice must include specific information

including who to submit the request for a fair hearing to at the Department of Social Services (DSS), which is responsible for administering the hearing process for DMC clients. The Department of Alcohol and Drug Programs (ADP) was recently notified that there has been a change of address and telephone number for the DSS contact. Until the DMC regulations can be changed, providers are advised to amend any fair hearing rights information they have developed to reflect the following changes:

- Written requests should be directed to:

Department of Social Services
State Hearings Division
P.O. Box 944243, M.S. 19-37
Sacramento, California 94244-2430

- Oral requests should be directed to:

Telephone:
1-800-952-5253
TDD Number:
1-800-952-8349

Reference: Title 22 of the California Code of Regulations, Section 51341.1(p) 1.

DMC PERINATAL SERVICES UPDATE

Providers must be certified by ADP to provide perinatal Drug Medi-Cal (DMC) services. These services are reimbursed at enhanced perinatal rates.

The specific services required in treatment and recovery for pregnant and postpartum women include:

- Mother/child habilitative and rehabilitative services (i.e., the development of parenting skills and training in child development);
- Service access (i.e., the provision of or arraignment for transportation to and from medically necessary treatment);
- Education to reduce harmful effects of alcohol and drugs on the mother and fetus/infant; and

- Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services; community services, educational/vocational training; and services which are medically necessary to prevent risk to the mother, fetus/infant).

Postservice postpayment (PSPP) utilization reviews are conducted by ADP's DMC Monitoring Section to ensure that the required services have been provided as required by regulation.

The following areas are examined during the PSPP review process:

- DMC certification to provide perinatal services;
- The program protocols address perinatal services;
- A needs assessment of

the patient that addresses issues such as housing, access to medical care, transportation, etc.;

- A treatment plan that addresses all issues required by the regulations;
- Referrals for identified areas of concern also are documented on the treatment plan; and
- Group counseling notes that demonstrate that the needs of the patient are being addressed.

Additionally, regulations require that the patient's records must contain the following information:

- Confirmation of

DMC Perinatal Services Update (cont'd)

- pregnancy;
- Expected delivery date; and/or
- Date of delivery;
- Perinatal status on admission;
- Change in perinatal status if a woman becomes pregnant while in treatment; and

- Changes in the treatment plan are made as needed.

If any or all of the required documentation is missing, the entire treatment episode for the patient would be recouped

For questions regarding DMC perinatal services:
DMCanswers@adp.state.ca.us.

For questions other than DMC, call ADP's Office of Perinatal Substance Abuse at (916) 323-4445.

Reference:
California Code of Regulations, Title 22, Section 51341.1(c)

IT IS IN THE REGULATIONS....



The California Code of Regulations (CCR), Title 22, Section 51341.1 and the Department of Alcohol & Drug Programs' (ADP) Drug Medical (DMC) Certification Standards require all providers to employ a Medical Director, who must be a physician, licensed in California. The Medical Director assumes medical responsibility for all patients treated by the provider.

Medical necessity for treatment services for each patient must be established by the provider's Medical Director in order for the services to be reimbursed by DMC. The Medical Director formulates or reviews and approves each

DMC patient's plan of care. This direction may include the development and review or approval of the patient's treatment plan, clinical consultation, medication evaluation, or involvement in the patient's case conference.

The provider's Medical Director oversees medical services either by acting alone or through an organized medical staff.

The Medical Director's responsibilities also include:

- Establishing, reviewing and maintaining medical policies and standards;
- Ensuring the quality of medical services given to all patients;

- Ensuring that at least one physician practicing at the program has admitting privileges to a general acute care hospital or a plan for ensuring needed hospital services; and
- Ensuring that a physician has assumed medical responsibility for all patients treated by the provider.